2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90335 033 ***150.00

DOCUMENT # P98000069362

1. Entity Name

COMMUNITY INVESTMENTS GROUP INC. OF TAMPA

Principal Place of Business	Mailing Address
11310 GRANDVIEW DRIVE DADE CITY FL 33525	11310 GRANDVIEW DRIVE DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3524951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KHAN, WALI U 11310 GRANDVIEW DRIVE DADE CITY FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Wali u. Khan 4/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KHAN, WALI U 11310 GRANDVIEW DRIVE DADE CITY FL 33525 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D DR. HUSSAIN FIDA 2365 HADDON HALL PL. CLEARWATER FL 33764 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALTAF-HUSEN BUKHARI VP 2204 CLIMBING IVY DR TAMPA FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D DR. SHAUKAT CHAUDHARI 5818 NEAL DRIVE TAMPA FL 33617 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DR. MALIK ARIAN 4002 Plant AVE Plant City FL 33567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D Sr. Farazana Hakim 16946 Livingston AVE TAMPA FL 33549 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D. DR. HUSAIN NAGAMIYA 914 MARTINIQUE TAMPA FL 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D. DR. SHAFAQAT FAROOQI 18126 Longwater Run Drive TAMPA FL 33647 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D DR. ZAHIR KHAN DR ZAHIR KHAN 405 N. Plant AVE. Plant City 33567 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B.D. DR. HAIDAR KHAN 5557 Bouline Bend NEWPORT Richey FL 34652 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DR~~ B.D DR JAVED HAFIZ 6103 MARBELLA BLVD. APOLLO BEACH FL 33572 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wali u. Khan 11/7/01 813-788 5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)